



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
SICKNESS & UNEMPLOYMENT BENEFITS SECTION
844 NORTH RUSH STREET
CHICAGO, IL 60611-2092
WWW.RRB.GOV

OFFICE HOURS: 9:00 AM TO 3:30 PM
MONDAY THROUGH FRIDAY EXCEPT FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

|||||

August 11, 2015

Phyllis R Mials
2111 Southern Bl #19g
Bronx, NY 10460

In reply refer to
Date of Injury: 07/10/2015
Phyllis R Mials
RRB-LJR-AE7436B

Dear Ms. Mials:

NOTICE OF REPAYMENT OF BENEFITS

This letter is to inform you that we sent a "Notice of Lien" to the person or company you indicated you have filed or may file a claim for personal injury. The notice lets that person or company know that the Railroad Retirement Board (RRB) has a right to reimbursement of sickness benefits paid to you if any sum or damages becomes payable to you as a result of your infirmity.

Under section 12(o) of the Railroad Unemployment Insurance Act, the RRB is entitled to reimbursement of sickness benefits paid to you from any sum or damages obtained through suit, compromise, settlement or judgment because of the liability of a person or company for your infirmity. If you receive a settlement or damages for your infirmity, the amount of sickness benefits paid to you should be deducted from the settlement and reimbursed to the RRB. If reimbursement is not made in this manner, you may be responsible for repayment of the sickness benefits you receive. The RRB's right to reimbursement does not extend to payments you receive under your own health, sickness, or accident insurance policy. The right does, however, apply to amounts paid under a liability insurance policy carried by another party.

Please let us know at once of any pending settlement or of any other person, company, or insurance company that may be involved in your personal injury claim. We will then send them a notice of our lien. If you have legal representation for your infirmity, you may want to provide a copy of this letter to him or her. For further questions about this letter, you may telephone us at (312) 751-4500.

Sincerely,

A handwritten signature in cursive script that reads "George E. Krause".

GEORGE KRAUSE
CLAIM EXAMINER